LINE LIST -- Influenza-Like Illness

*These will be provided by the Epidemiology Department if an outbreak is suspected

School Name **Phone:** **Fax:**

Child Identification					Child Location			Illness Description																
									Y=YES, N=NO, U=UNKNOWN															
Name (Last, First, M.I.)	Address	Guardian Name AND Phone	Age	Sex (M / F)	Grade	Teacher	Classroom	Date of Onset of Illness	Fever of ≥100 F°(Y / N / U)	Cough(Y/N/U)	Sore Throat (Y/N/U)	Body/Muscle Aches(Y/N/U)	Vomiting (Y/N/U)	Nausea (Y / N)	Chills (Y / N / U)	Abdominal Cramps (Y/N/U)	Diarrhea (Y/N/U)	Rash(Y/N/U)	Pos. Strep Throat Diag(Y/N/U)	Flu Vaccine Given(Y/N/U)	Positive Rapid Flu (Y/N/U)	Date Excluded